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GP1646
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PTO/SB/21 (08-00)

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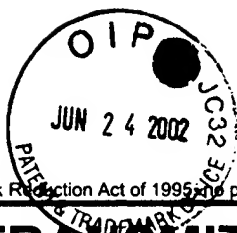
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/712,813	
		Filing Date	November 13, 2000	
		First Named Inventor	GRANGER, GALE A.	
		Group Art Unit	1646	
		Examiner Name	MURPHY, JOSEPH F.	
Total Number of Pages in This Submission		13	Attorney Docket Number	IRVN-007CON
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard		
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53				
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Firm or Individual Name	CAROL L. FRANCIS, Reg. No. 36.513			
Signature				
Date	June 17, 2002			

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PTO/SB/17 (10-01)
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FEE TRANSMITTAL for FY 2002		Complete If Known																																											
Patent fees are subject to annual revision.		Application Number	09/712,813																																										
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		Attorney Docket No.	IRVN-007CON																																										
TOTAL AMOUNT OF PAYMENT (\$)		305																																											
METHOD OF PAYMENT		FEE CALCULATION (continued)																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																											
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																													
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2. BASIC FILING FEE																																													
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1. EXTRA CLAIM FEES																																													
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*or number previously paid, if greater; For Reissues, see above.		*Reduced by Basic Filing Fee Paid																																											
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Carol L. Francis	Registration No. (Attorney/Agent)	36,513	Telephone	(650) 327-3400
Signature		Date	06/17/2002		

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